

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	24.		4/30/17
O.I.P.E. CLASSIFIER			7/11/17
FORMALITY REVIEW		11634	8/22/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/11/02
2	✓	✓	11/4/02
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	0	0	0
16	0	0	0
17	0	0	0
18	0	0	0
19	✓	✓	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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